

COMBINED DECLARATION FOR PATENT  
APPLICATION AND POWER OF ATTORNEY  
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER  
**19226/2051 (R-5655)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD OF USING REDUCED DIMENSIONALITY NUCLEAR MAGNETIC RESONANCE  
SPECTROSCOPY FOR RAPID CHEMICAL SHIFT ASSIGNMENT AND SECONDARY  
STRUCTURE DETERMINATION OF PROTEINS**

the specification of which (check only one item below):

is attached hereto.

was filed as U.S. Patent Application Serial No. \_\_\_\_\_ on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

was filed as PCT International Application Number \_\_\_\_\_ on \_\_\_\_\_ and was amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| COUNTRY<br><small>(IF PCT, indicate "PCT")</small> | APPLICATION<br>NUMBER | DATE OF FILING<br>(day, month, year) | PRIORITY CLAIMED<br>UNDER 35 USC 119                                |
|----------------------------------------------------|-----------------------|--------------------------------------|---------------------------------------------------------------------|
| United States                                      | 60/215,649            | 30, June, 2000                       | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|                                                    |                       |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
|                                                    |                       |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
|                                                    |                       |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
|                                                    |                       |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
|                                                    |                       |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
|                                                    |                       |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
|                                                    |                       |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO            |

**COMBINED DECLARATION FOR PATENT  
APPLICATION AND POWER OF ATTORNEY (Continued)**  
(Includes Reference to PCT International Applications)

**ATTORNEY'S DOCKET NUMBER  
19226/2051 (R-5655)**

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT  
UNDER 35 U.S.C. 120:**

| U.S. APPLICATIONS                            |                    | STATUS (Check One)                       |         |           |
|----------------------------------------------|--------------------|------------------------------------------|---------|-----------|
| U.S. APPLICATION NUMBER                      | U.S. FILING DATE   | PATENTED                                 | PENDING | ABANDONED |
|                                              |                    |                                          |         |           |
|                                              |                    |                                          |         |           |
|                                              |                    |                                          |         |           |
| <b>PCT APPLICATIONS DESIGNATING THE U.S.</b> |                    |                                          |         |           |
| PCT<br>APPLICATION NO.                       | PCT<br>FILING DATE | U.S. SERIAL NUMBERS<br>ASSIGNED (if any) |         |           |
|                                              |                    |                                          |         |           |
|                                              |                    |                                          |         |           |

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Ann R. Pokalsky, Registration No. 34,697; Gunnar G. Leitberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Choi, Registration No. 45,758

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| Send Correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Michael L. Goldman<br>NIXON PEABODY LLP<br>Clinton Square, P.O. Box 31051<br>Rochester, New York 14603 |                                   |                                   | Direct telephone calls to:<br>Michael L. Goldman<br>(716) 263-1304 |
| B<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br> | FAMILY NAME<br>Szyperski                                                                               | FIRST GIVEN NAME<br>Thomas        | SECOND GIVEN NAME<br>A.           |                                                                    |
| RESIDENCE &<br>CITIZENSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CITY<br>Amherst                                                                                        | STATE/FOREIGN COUNTRY<br>New York | COUNTRY OF CITIZENSHIP<br>Germany |                                                                    |
| POST OFFICE<br>ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P.O. ADDRESS<br>36 North Parrish Drive                                                                 |                                   | CITY<br>Amherst                   | STATE & ZIP CODE/COUNTRY<br>New York 14228/USA                     |
| 2<br>0<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAMILY NAME<br>                                                                                        | FIRST GIVEN NAME<br>              | SECOND GIVEN NAME<br>             |                                                                    |
| 2<br>0<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY<br>                                                                                               | STATE/FOREIGN COUNTRY<br>         | COUNTRY OF CITIZENSHIP<br>        |                                                                    |
| POST OFFICE<br>ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P.O. ADDRESS<br>                                                                                       | CITY<br>                          | STATE & ZIP CODE/COUNTRY<br>      |                                                                    |
| 2<br>0<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAMILY NAME<br>                                                                                        | FIRST GIVEN NAME<br>              | SECOND GIVEN NAME<br>             |                                                                    |
| 2<br>0<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITY<br>                                                                                               | STATE/FOREIGN COUNTRY<br>         | COUNTRY OF CITIZENSHIP<br>        |                                                                    |
| POST OFFICE<br>ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P.O. ADDRESS<br>                                                                                       | CITY<br>                          | STATE & ZIP CODE/COUNTRY<br>      |                                                                    |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 101(f) of Title 18 or the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

|                                              |                           |                           |
|----------------------------------------------|---------------------------|---------------------------|
| SIGNATURE OF INVENTOR 201<br><b>UNSigned</b> | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203 |
| DATE                                         | DATE                      | DATE                      |